

VIRGINIA DEPARTMENT OF STATE POLICE CRIMINAL FIREARMS CLEARINGHOUSE

(All entries on this form must be typewritten or in ink. Review instructions on back of form.)

GENERAL INFORMATION									
1. Date of Report			2. Date Administrative Message Sent			3. Administrative Message No.			
4. Agency Reporting			5. Agency ORI			6. Case No.			
7. Investigating Officer's Last Name					8. First Name			9. MI	
DESCRIPTION OF FIREARM									
10. Manufacturer				11. Type			12. Model		
13. Caliber or Gauge		14. Magazine or Cylinder Capacity		15. Barrel Length		16. Finish		17. Serial No.	
18. Country of Origin United States Importer: _____							19. Other Identifying Marks		
LAW ENFORCEMENT POSSESSION INFORMATION									
20. Law Enforcement Possession Date: _____ Seized _____ Other (Explain) _____ Found _____ Forfeited _____							21. Disposition of Firearm		
22. Crime Committed with Firearm (Use Appropriate Virginia Code Section)			23. Description under which the firearm came into possession of the law enforcement agency.						
PERSON FROM WHOM FIREARM WAS TAKEN									
24. Last Name				25. First Name				26. MI	
27. Address				28. City			29. State		30. Zip Code
31. Date of Birth		32. Social Security Number				33. Race		34. Male Female	
35. <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile (If Juvenile, Block 36 must be completed.)		36. How did juvenile come into possession of the firearm? <div style="display: flex; justify-content: space-between;"> <div> From personal residence. From residence of relative. While on school property. From unknown person's property. Other: _____ </div> <div> From residence of friend or acquaintance. From friend or acquaintance. From family member. Purchased from unknown person. </div> </div>							
ORIGINAL FIREARM PURCHASE INFORMATION (FIREARMS TRACE REPORT)									
37. Acquisition Date		38. FFL Name				39. FFL Number			
40. FFL Address				41. FFL City			42. FFL State		43. FFL Zip Code
44. Purchaser Last Name				45. First Name				46. MI	
47. Purchaser Address				48. City			49. State		50. Zip Code
CHAIN OF POSSESSION OF FIREARM AFTER INITIAL PURCHASE (LIST ONLY NON-FFL AND MOST RECENT FIRST)									
51. Acquisition Date		52. Last Name			53. First Name			54. MI	
55. Address				56. City			57. State		58. Zip Code
59. Acquisition Date		60. Last Name			61. First Name			62. MI	
63. Address				64. City			65. State		66. Zip Code
67. Acquisition Date		68. Last Name			69. First Name			70. MI	
71. Address				72. City			73. State		74. Zip Code

Forward original form to the Department of State Police within 7 days after trace is completed.

GENERAL INFORMATION (1 through 9) self-explanatory

DESCRIPTION OF FIREARM (10 through 19)

10. Manufacturer: Enter the entire name shown on the firearm.
11. Type: Enter the NCIC Weapon Type Code (Refer to NCIC Code Manual)
12. Model: The model designation can be a letter or numerical designation, brand name, or a combination thereof.
13. Caliber or Gauge: Refer to NCIC Code Manual
14. Magazine or Cylinder Capacity: For revolvers show the number of cartridges which the cylinder will hold. For pistols show the magazine capacity, if possible. For derringers show the number of barrels.
15. Barrel Length: Measure revolvers from the muzzle to the face of the cylinder; pistols from the muzzle to the face of the bolt with the slide in the forward; derringers from the muzzle to the face of the bolt with the frame and barrel components locked. Measure to the nearest one-half inch and record in decimal point format. Example: 4.5 inches.
16. Finish: Enter the NCIC Weapon Color and finish code. Refer to NCIC Code Manual.
17. Serial Number: Include the letter prefix, suffix, code numbers, or letters over or under the serial number.
18. County of Origin: Check United States if applicable. Otherwise enter the NCIC Country Code. Refer to NCIC Code Manual. The National Tracing Center must have the name of the importer to complete the trace when the firearm was made by a foreign manufacturer and imported into the United States. Importer markings are usually found on the frame or barrel. If you are having problems locating or understanding the importer markings please contact the ATF Firearms Technology Branch at (202) 927-7910 for assistance.
19. Other Identifying Marks: Any markings, including grip medallion markings, proof-marks, grip composition and type. For semiautomatic pistol, indicate if exposed-hammer or hammerless type. For revolver, indicate if side-swing cylinder, top-break, or solid frame, with or without loading gate. Also indicate if with or without side-ejector housing. State if revolver has a spur trigger or trigger guard.

LAW ENFORCEMENT POSSESSION INFORMATION (20 through 23)

20. Law Enforcement Possession Date: Enter the date the firearm came into the possession of the law enforcement agency and check whether the firearm was seized, found, forfeited, or other. If other, enter a short description.
21. Disposition of Firearm: Example: destroyed, forfeited, returned to owner, etc.
22. Crime Committed with Firearm: Use the appropriate Virginia Code Section. Example: 18.2-30.
23. Description under which the firearm came into possession of the law enforcement agency: self-explanatory

PERSON FROM WHOM FIREARM WAS TAKEN (24 through 36) self-explanatory

ORIGINAL FIREARM PURCHASE INFORMATION (FIREARMS TRACE REPORT) (37 Through 50)

This information is obtained directly from the Bureau of Alcohol, Tobacco, and Firearms. The Firearms Trace Report may be submitted by attachment to the SP-187 in lieu of completing blocks 37 through 50.

Bureau of Alcohol, Tobacco and Firearms, National Tracing Center (NTC), PHONE: (800) 788-7133, FAX: (800) 578-7223

CHAIN OF POSSESSION OF THE FIREARM AFTER INITIAL PURCHASE (LIST ONLY NON-FFL AND MOST RECENT FIRST)

Show the chain of possession after the original sale, listing names, addresses, and acquisition dates of all owners of the firearm. List the most recent first.

MAIL TO: DEPARTMENT OF STATE POLICE, VIRGINIA FIREARMS CLEARINGHOUSE
P.O. BOX 85141, RICHMOND, VIRGINIA 23285-4141.
FOR ASSISTANCE: CONTACT THE STATE POLICE FIREARMS TRANSACTION CENTER AT (804) 674-2675

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